



CPP-1 Payment Installment Plan Request

Read this information first

Please read the instructions before completing this form.

Everyone must complete Steps 1, 3, 4, and 6. Complete Step 2 if you are a business requesting a payment installment plan for a debt other than Individual Income Tax. Complete Step 5 if you wish to take advantage of the new Automated Clearing House (ACH) debit program that allows you to have monthly payments automatically withdrawn from a savings or checking account.

Note: You must complete a Form EG-13-I, Financial and Other Information Statement for Individuals, or a Form EG-13-B, Financial Statement for Businesses, if the payment agreement amount that you are applying for, including penalty and interest, is over \$5,000.



*Quick - Easy - Automatic
We now offer you the ACH debit program. It makes monthly payments automatic. Never chance being late again.*

Step 1: Personal Information (including your spouse, if applicable)

1	_____	_____
	Your Social Security number	Your spouse's Social Security number
2	_____	_____
	Your first name and middle initial	Your last name
	_____	_____
	Your spouse's first name and middle initial	Your spouse's last name (if different)
	Mailing address	

	City	State ZIP
	() -	() -
	Your home phone number	Spouse's work phone number
	() -	_____
	Your work phone number	

Step 2: Identify your business and the person responsible for remitting payments (businesses only)

3	_____	_____
	Federal employer identification number (FEIN)	Illinois Business Tax (IBT) number

	Excise Tax Number	
4	_____	
	Business name	

	Mailing address	

	City	State ZIP
	() -	() -
	Person responsible for remitting payments	Phone



Department use only

Approved by assignee

Approved by supervisor

Step 3: Figure your monthly payment agreement amount

5 Have all your tax returns been filed? ☐ Yes ☐ No

Attach

Non-filed
returns

For this agreement to be considered all returns must be filed.

6 Identify the tax periods covered by this agreement.

7 Write the date(s) you want to make your payment each month.

7 _____

8 Total amount of your unpaid tax liability.

If your liability is over \$5,000, you must file Form EG-13-I, or Form EG-13-B.

8 \$ _____

9 Write the amount of your good faith downpayment.

9 \$ _____

10 Write the amount you would like to pay each month.

10 \$ _____

Step 4: Provide your financial institution and account information

11 _____

Financial institution's name

See
instructions
for payment
options.

Think paperless
it's automatic and
easy.



Mailing address

City

State

ZIP

Names on the account (list all names)

Routing number

Find your routing number at the bottom of your check (for checking accounts) or contact your financial institution for the routing number (for savings accounts).

☐ Checking or ☐ Savings

Account number

Step 5: Signature authorization for taxpayer, authorized officer, or partner (ACH payment option only)



Electronic
funds
withdrawal
is the
recommended
form of
payment.

The Illinois Department of Revenue is authorized to use the information on this form to make monthly withdrawals from the account listed in Step 4 in accordance with the Department of Revenue Law of the Civil Administrative Code of Illinois and all applicable Illinois tax acts. This authorization shall remain in force until the department receives written notification from the taxpayer.

Your signature

Date

Step 6: Read the statement and sign below

I agree to pay the amount on Line 10 each month on the date(s) specified on Line 7. I understand that, if the department does not agree to the proposed payment amount on Line 10, additional information about my financial condition may be requested and I may be required to pay a higher amount. I understand that I must complete Form EG-13-B or Form EG-13-I if my liability is over \$5,000. In addition, **liens may be filed at the department's discretion, including, but not limited to, when the department determines there is a risk of non-payment.** I will make all payments as scheduled and I will file all future required returns and pay any tax owed for those periods. If I do not remit the scheduled payment, and file all required returns, my payment installment plan may be canceled; the entire unpaid balance will become due immediately; and enforcement action may be taken, which could include levy of my bank account or wages.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete.

Your signature

Date